

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/646194

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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27						
28		1				
29			1			
30						
31			1			
32		1				
33			1			
34			1			
35			1			
36			7			
37			7			
38		1				
39			1			
40						
41				1		
42				1		
43				1		
44				1		
45				1		
46				7		
47				7		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1		
52			1		
53			1		
54			1		
55			1		
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97					
98					
99					
100					
TOTAL IND.			3		
TOTAL DEP.			47		
TOTAL CLAIMS			50		